

Vitamin D deficiency and sun exposure

Conflicting media reports about the health benefits of getting enough vitamin D from the sun has left many people confused. Should you go out in the sun or not? If so, for how long and what protective measures should you take? The problem seems to be the “conflicting goals” of obtaining adequate levels of vitamin D while preventing skin cancer through the use of sun protection products and reduced sun exposure. Some have questioned long-time recommendations about sun care protection. Others have linked vitamin D deficiency to overly cautious sun protection.

There are many health benefits of vitamin D. It is thought to protect against many serious conditions, including heart disease, cancer, diabetes, high blood pressure and multiple sclerosis. Vitamin D is also involved in regulating the levels of minerals such as phosphorous and calcium in the body. It also plays an important role in maintaining proper bone structure. Unlike most other vitamins, which are derived mainly from food sources, the majority of the body’s vitamin D is produced in the skin when exposed to the sun’s ultraviolet light.

So, it is vitally important to get some sun exposure to continue producing vitamin D. The problem is, how much exposure do you need? The time required to make sufficient vitamin D varies according to a number of environmental, physical and personal factors and varies between individuals. A ‘safe’ amount of sun is difficult to recommend as risk varies greatly among individuals. *Any* risk is unnecessary and irrelevant related to vitamin D concerns.

The benefits and necessity of adequate vitamin D are well established. Much of the controversy is based on the assumption that it is best to obtain adequate vitamin D levels from increased sun exposure. These issues of vitamin D deficiency and protection from sun exposure are of primary concern if a person suffers from some skin diseases and conditions. Those with skin conditions such as vitiligo, scleroderma, psoriasis, actinic keratosis, and lupus vulgaris may use vitamin D supplements. For skin disease patients who must avoid long periods of sun exposure a balance of vitamin D supplements, diet and incidental sun exposure should be sufficient. Vitamin D in forms known as calcitriol or calcipotriene is applied directly to the skin for a particular type of psoriasis.

A recent public health guidance issued by NICE (National Institute for Health and Care Excellence), [“*Vitamin D: increasing supplement use among at-risk groups*”](#), November 2014, states that people at risk of low vitamin D need better access to supplements. NICE estimates that around 1 in 5 adults, and around 1 in 6 children, may have low vitamin D status – an estimated 10 million people across England.

What most definitely is not recommended for anyone is the use of tanning beds. Although it is a fact that sunbeds stimulate vitamin D production, this is far outweighed by increased risk of skin cancer. Alongside UVB, sunbeds emit UVA, which can cause skin cancer and does not contribute to vitamin D production.

Written by [Kofi Dwinfour](#)